

**INDIANA OPTOMETRY BOARD
LICENSURE INFORMATION AND INSTRUCTION SHEET**

Before completing and submitting your application to our office, please read all materials and information included.

CONTENTS OF APPLICATION PACKET

This application packet should contain the following information:

Information and Instruction Sheet
Application for Optometry License
Verification of Optometrist State Licensure Form

Statutes and Administrative Rules which pertain to the practice of optometry are available to download from the Agency's website at www.pla.IN.gov. If you would prefer to have a copy mailed to you, please submit your request in writing with a fee of \$3.00 to the address listed below.

BOARD ADDRESS/PHONE NUMBER/EMAIL/WEBSITE/FAX

Indiana Professional Licensing Agency
ATTN: Indiana Optometry Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Website: www.pla.IN.gov
Staff Email: pla8@pla.IN.gov
Staff Phone: (317) 234-2054
FAX: (317) 233-4236

JURISPRUDENCE EXAMINATION

All applicants for licensure as an optometrist, by examination or by endorsement, must pass a written jurisprudence examination. You will be notified, after the approval of your application by the Board, and sent a schedule of dates in which to take the jurisprudence examination.

The jurisprudence examination will cover the optometry statute and rules, optometric legend drug statute and rules, the Health Professions Standards of Practice, and the Access to Health Records. A score of 75 or above on the examination is passing.

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**TREATMENT AND MANAGEMENT OF OCULAR DISEASE EXAMINATION (TMOD)
IS A REQUIREMENT FOR LICENSURE**

According to 851 IAC 1-1.1-4, all applicants by examination or endorsement who apply for licensure in the state of Indiana must have a passing score in all parts of the National Board Examiners in Optometry examination including the treatment and management of ocular disease examination (TMOD). The TMOD examination, which is administered by the National Board of Examiners in Optometry, is required by all applicants.

IF THE APPLICANT HAS NOT TAKEN AND PASSED PART III OF THE NATIONAL BOARD OF EXAMINERS IN OPTOMETRY (NBEO) EXAMINATION

Prior to 1994, if an applicant did not take and pass Part III of the National Board of Examiners in Optometry examination, the applicant is required to provide a statement from the appropriate agency in each state where the applicant has been licensed by examination, holds an active license, and from which the applicant is endorsing, certifying the areas of the examination, type of examination, pass-fail criteria, and the applicant's score in each area of the examination.

In order to qualify for an Indiana license, the applicant must have attained an average score of 75, with no score below 65, on a hands-on clinical test in the areas indicated on the verification form. The Verification of Optometrist State Licensure form is provided with your application.

The applicant who applies for licensure under this section bears the burden of proving the requirements of the state in which the applicant is currently licensed are equivalent to those requirements of the Board. The applicant shall submit the above documentation, as well as any other documentation, required by the Board, to determine whether the requirements of the other state are equivalent to the Board's.

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY

Please contact the NBEO at the address/phone number/web page listed below for examination information and score reports.

National Board of Examiners in Optometry
200 S. College Street #1920
Charlotte, North Carolina 28202
Telephone: (704) 332-9565
Toll Free: (800) 969-3926
FAX: (704) 332-9568
WEBSITE: <http://www.optometry.org/>
Email: mbeo@optometry.org

BOARD REVIEW

After your application is complete with all required documentation it will go to the Board for approval. Please be advised that your application must be complete in order for the Board to review.

TESTING ACCOMMODATION REQUEST

If you have a disability, which may require a special accommodation in taking the law examination, please request a **TESTING ACCOMMODATION REQUEST FORM** from this office by calling (317) 234-2054. If an accommodation is not requested prior to the examination, we cannot guarantee the availability of the accommodation on-site.

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

ABANDONED APPLICATIONS

An application shall be considered abandoned if the applicant does not complete the requirements for licensure within one (1) year from the date on which the application was filed. An application submitted subsequent to an abandoned application shall be treated as a new application.

OPTOMETRY EXAMINATION INSTRUCTIONS

LICENSURE APPLICATION

Mail the completed licensure application with all required documents listed below to the Indiana Professional Licensing Agency at the address listed below:

Indiana Professional Licensing Agency
ATTN: Indiana Optometry Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

AFFIDAVIT

If you answer "yes" to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

FEE INFORMATION

Applicants must submit a two hundred dollar (\$200.00) application fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE.**

PHOTOGRAPH

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application dated and signed on the back in the applicant's handwriting, "I certify that this is a true photograph of me". The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL OPTOMETRY TRANSCRIPTS

Applicants must submit an official transcript, certified by the school, recording course grades, certificates and degrees earned in an accredited optometry school. Transcripts which do not state that you have graduated or completed your optometry degree are not acceptable for licensure.

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY SCORE REPORT

Applicants must submit an official score report sent directly from the National Board of Examiners in Optometry (NBEO) showing completion of Parts I, II, III and the treatment and management of ocular disease (TMOD) with passing scores in all subjects. You may wish to contact the NBEO office prior to your request to verify the fee and procedures for an official score report at:

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200 S. College Street #1920
Charlotte, North Carolina 28202
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Email: nbeo@optometry.org
Web Page: <http://www.optometry.org/>

NAME CHANGE

An official affidavit indicating any legal name change, a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.

OPTOMETRY ENDORSEMENT INSTRUCTIONS

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In order to qualify for an Indiana license, the applicant must have attained an average score of 75, with no score below 65, on a hands-on clinical skills examination in the areas indicated on the verification form. The "Verification of Optometrist State Licensure" form is attached to your application.

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STATE VERIFICATION

Applicants must provide a "Verification of Optometrist State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Optometry Board. The form may be duplicated if necessary.

NAME CHANGE

An official affidavit indicating any legal name change, a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.